

DISCLOSURE SUMMARY PAGE

DR-2

(Rev. 02/96)

DISCLOSURE
REPORT

COMMITTEE NAME (Must be same as on Statement of Organization)
Cohoon for Representative

IA ETHICS AND

For Office Use Only

376

Comm. #

3710

Indexed

5

Audited

Computer

IMPORTANT: Indicate type of committee you are reporting for: ☒ 1

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

2009 JAN - 9 AM 10:30

SIGNATURE OF TREASURER (or person filing this report)

319-752-9524

TELEPHONE

1/6/2008
DATE SIGNED

Penalties Due For Late Filed Reports Range from \$10 to \$400

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

AM FILING A 12/31/2008 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total
of all monies held by the committee. This amount MUST be the
same as the cash on hand at the end of the last reporting period,
or must be zero if this is first report filed.)

\$ 1,361.82

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

352.78

Schedule C: Fund-raising Events total (Attach Schedule C)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

1,714.60

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

- 72.28

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3)

\$ 1,642.32

UNPAID BILLS (From Schedule D - Attach Schedule D)

UNPAID CONTRIBUTIONS (From Schedule E - Attach Schedule E)

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

CONTRIBUTIONS - MONEY TAKEN

(including candidate's personal funds)

**SCHEDULE
A
STATE
CANDIDATE****MONETARY
RECEIPTS****CHECK IF
AMENDING
FORM**

COMMITTEE NAME (Must be same as on Statement of Organization)

Cohoon for Representative

STATE CANDIDATES NOTE:

IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

caution: Section 68b.32a(6), Iowa Code, prohibits the use of information from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER & PAC CHECK number	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE	AMOUNT RECEIVED
10/29/2008 thru 12/31/2008	ID# CK#	Casebine C. U. 2115 Des Moines Ave Burlington, Iowa 52601		\$ 2.78
10/30/2008	ID# 6282 CK# 0	HyVee Inc. Employee PAC 5820 Westown Parkway West Des Moines, Iowa 50266		100.00
11/11/2008	ID# 8551 CK# 4219	MotPAC 1455 Pennsylvania Ave. NW Suite 900 Washington, DC 20004		250.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL \$				352.78

TOTAL (if last page of this schedule) \$**352.78**

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

STATE PAC COMMITTEE: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

Cohoon for Representative

MONETARY EXPENDITURES

check if amending form

SUB-TOTAL	\$ 72.28
TOTAL (if last page of this schedule)	\$ 72.28

Expenditures to persons/entities providing consulting, advertising, fundraising, polling, managing, organizing services, must also be detail itemised on Schedule G by the amount, purpose, and date of each type A66of expenditure made by the person/entity on behalf of the candiate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)